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Bib Data Sheet

CONFIRMATION NO. 3073

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|---|---|-----------------------------------|--|--|------------------------------------|
| SERIAL NUMBER 10/087,346 | FILING OR 371(c) DATE 03/01/2002 RULE | CLASS 424 | GROUP ART UNIT 1632 | ATTORNEY DOCKET NO. STRATA-06949 | |
| APPLICANTS Allen Comer, Madison, WI; Lynn Allen-Hoffmann, Madison, WI; Michael Hoffmann, Madison, WI; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/273,034 03/02/2001 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/29/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY WI | SHEETS DRAWING 2 | TOTAL CLAIMS 54 | INDEPENDENT CLAIMS 6 |
| ADDRESS MEDLEN & CARROLL, LLP Suite 350 101 Howard Street San Francisco ,CA 94105 | | | | | |
| TITLE Skin substitutes with improved barrier function | | | | | |
| FILING FEE RECEIVED 867 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |